

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5716**

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1616 WEST 20th				d. STREET ADDRESS (If rural, give location) 1616 WEST 20th			
3. NAME OF DECEASED (Type or Print)		a. (First) MARGARET		b. (Middle)		c. (Last) MARTIN	
				4. DATE OF DEATH (Month) February (Day) 24 (Year) 1949			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT. 1 1874		9. AGE (In years last birthday) 74 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HUGHESVILLE? MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Fowler WILLIAM FOWLER		13b. MOTHER'S MAIDEN NAME ELSIE PRICE		14. NAME OF HUSBAND OR WIFE FRANK N MARTIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Martin 1616 W 20th Sedalia Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 3 yrs. 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from over 5 years. Febr. 24th, 1949. that I last saw the deceased alive on Febr. 24th, 1949 , and that death occurred at 4:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Jno. B. Carlisle, M.D.				23b. ADDRESS 5 Sedalia, Missouri.		23c. DATE SIGNED 2-25-49.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 26 Feb. 1949		24c. NAME OF CEMETERY OR CREMATORY High Point Cemetery		24d. LOCATION (City, town, or county) (State) Hughesville, Missouri	
DATE REC'D BY LOCAL REG. Feb. 26, 1949		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Keckart		ADDRESS Sedalia, Mo	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-28-49

DEC 14 1949

MAR 3 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Frank J. Coffman Jr.

Licensed Embalmer No. _____

455-9

P. O. Address _____

Hedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.